T: COMPLETED APPLICATION, TAX :MENT . IND FEE TO: Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138



Permit #:	18-0016
Date:	2-2-18
Amount Paid:	\$192 99-18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

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APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

or Sketch your Property (regardless of what you are applying for)

(1) Show Location of: **Proposed Construction** (2) Show / Indicate: North (N) on Plot Plan

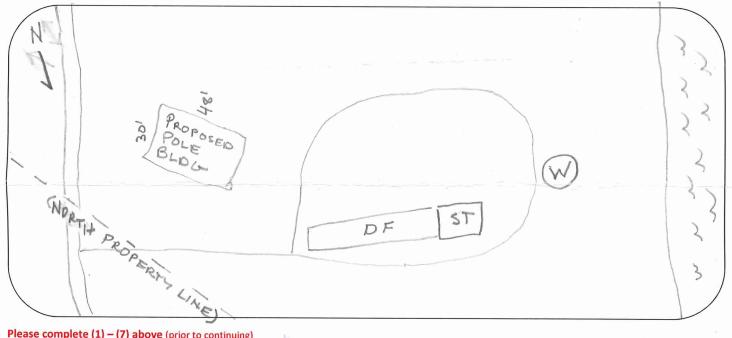
(3) Show Location of (*): (*) **Driveway** and (*) **Frontage Road** (Name Frontage Road)

(4)Show: All Existing Structures on your Property

(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20% (6) Show any (*):

(7)Show any (*):



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement			Description	Measurement		
	50			G1		2	
Setback from the Centerline of Platted Road	40	Feet		Setback from the Lake (ordinary high-water mark)	200	Feet	
Setback from the Established Right-of-Way		Feet		Setback from the River, Stream, Creek		Feet	
				Setback from the Bank or Bluff		Feet	
Setback from the North Lot Line	80	Feet			7		
Setback from the South Lot Line		Feet		Setback from Wetland		Feet	
Setback from the West Lot Line	200	Feet	4	20% Slope Area on the property	☐ Yes	XNo	
Setback from the East Lot Line	60	Feet		Elevation of Floodplain		Feet	
Setback to Septic Tank or Holding Tank	W 60	Feet		Setback to Well	125	Feet	
Setback to Drain Field	40	Feet					
Setback to Privy (Portable, Composting)		Feet					

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:				
Permit Denied (Date):	Reason for Denial:							
Permit #: 18-0016	Permit Date: 2-2-	2-2-18						
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming ☐ Yes (Deed of Record ☐ Yes (Fused/Contigue ☐ Yes	ous Lot(s)) No	Mitigation Required Mitigation Attached		Affidavit Required				
Granted by Variance (B.O.A.) ☐ Yes ►No Case #:		Previously Granted b	y Variance (B.O.A.)	#:				
Was Proposed Building Site Delineated Yes PNo		Were Property Lin	es Represented by Owner Was Property Surveyed	Yes				
Inspection Record: Staked a Hagged		10		Zoning District (RMB) Lakes Classification (2)				
Date of Inspection: 1/25/16	Inspected by:	Vall		Date of Re-Inspection:				
Condition(s): Town, Committee or Board Conditions Attack	Condition: No ac for human habitati necessary count pressurized water	cessory building sha ion / sleeping purpos ty and UDC per shall enter the build ion to POWTS. Mus	all be used ses without mits. No ling unless	Date of Approval: /3///8				
Hold For Sanitary: Hold For TBA:	Hold For Affic	davit: 🗆	Hold For Fees:					
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Village, State or Federal May Also Be Required

USE - X

ANITARY
SIGN
SPECIAL
CONDITIONAL
BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	18-	0016	<u> </u>		Issued	Issued To: John Moore									
Location:	-	1/4	of	-	1/4	Section	33	Township	44	N.	Range	6	W.	Town of	Grand View
Gov't Lot				Lot	1	Blo	ock	Subdivision					CSM# 7	752	

For: Principal Structure: [1- Story; Pole Barn (30' x 48') = 1,440 sq. ft.] (Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

February 2, 2018

Date